City of Wilkes-Barre; A.R. Popple Ine+ Wyoming S+P, Inc Docket No. CAA -03-2005-0053 RECEIVED U.S. E.P.A.

Initial Decision 11/14/06 Judge Nissim

2006 NOV 30 PM 1: 37 ENVIR. APPEALS BOARD

Certified Mail Return Receipts

PS Form 3811, August 2001 Domestic Ret	um Receipt 2ACPRI-03-P-4081
2. Article Number (Transfer from service label) 7059 3400	001/ 393/ 7090
	4. Restricted Delivery? (Extra Fee)
West Pittston, PA 18643	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
1. Article Addressed to: Karl J. Kwak, Esquire Cefalo & Associates Century House 309 Wyoming Avenue	if YES, enter delivery address below: 🗖 No
 Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	X C. Orthogonal B. Received by (Frinted Name) C. Date of Delivery C. Date of Delivery 1/20/00 D. Is delivery address different from item 1? D
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY

City of Wilkes Barre, it al

0/4 A - 03- 2005-0053

SENDER: COMPLETE THIS SECTION	A. Signature X. Out Month Section on Delivery B. Received by (Printed Name) C. datte of Delivery OUT MUT C. datte of Delivery D. Is delivery address different from the out? Is delivery address below:	
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		
1. Article Addressed to:		
Timothy J. Henry, Esquire Wilkes-Barre City Hall 40 East Market Street		
Wilkes-Barre, PA 18711	3. Service Type 3. Certified Mall Certified Mall Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7099 3400	0011 3931 6918	
PS Form 3811, August 2001 Domestic Re	tum Receipt 2ACPRI-03-P-4081	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X. Agent B. Received by (Printed Name) C. Date of Delivery D. Is delivery address different from item 1?
1. Article Addressed to:	if YES, enter delivery address below:
Bruce S. Postupak, President Wyoming S & P, Inc. P.O. Box 2222 Wilkes-Barre, PA 18703	
witkes-barre, FA 10/03	3. Service Type
	Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7099 3400 00	11 3931 6901
PS Form 3811, August 2001 Domestic Ret	

· City of Wilker-Barke, 1	tal CANA -03 - 2005-00	2
	SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
	 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature X MUL AMAM Addressee B. Received by (Printed Name) C. Date of Delivery ANNE ANGAN
	1. Anticle Addressed to: Joel M. Wolff, Esquire Elliot Greenleaf & Siedzikowski 201 Pennsylvania Ave, Suite 202 Scranton, PA 12501	D. Is delivery address different from item 17/1 Tyes / The Item if YES, enter delivery address below:
	18503	3. Service Type Image: Certified Mail Express Mail Image: Registered Return Receipt for Merchandise Image: Insured Mail C.O.D.
	2. Article Number	4. Restricted Delivery? (Extra Fee)
	(Transfer from service label) 7099 3406 0 PS Form 3811, August 2001 Domestic Ref	70// 393/ 7//3 turn Receipt 2ACPRI-03-P-4081
	 SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse 	A. Signature
	 so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	B. Received by (Printed Name) AUNE LANGAN D. Is delivery address different from item 1?
	 Anticle Addressed to: Joel M. Wolff, Esquire Elliott Greenleaf & Siedzikows 201 Penn Avenue, Suite 202 P.S. Box 69 	if YES, enter delivery address below: □ No ^L
	Scranton, PA 18501 18503	Service Type Certified Mail Express Mail Registered Reduct Receipt for Merchandise Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) 🗆 Yes 2. Article Number 1680 0000 5216 7003 (Transfer from service label) 8331 PS Form 3811, August 2001 **Domestic Return Receipt**

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2ACPRI-03-P-4081